

***BIBDATASHEET*****CONFIRMATION NO. 7075**

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER 10/676,288 | FILING DATE 10/01/2003 RULE | CLASS 606 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. END5085-0515150 |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

Randal T. Byrum, Kings Mills, OH;

Sean P. Conlon, Loveland, OH;

**** CONTINUING DATA ********NONE***** FOREIGN APPLICATIONS ********NONE***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 12/23/2003**

| | | | | | |
|--|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mm</i> | STATE OR COUNTRY OH | SHEETS DRAWING 3 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| Examiner's Signature _____ Initials _____ | | | | | |

ADDRESS

FROST BROWN TODD LLC
 2200 PNC Center
 201 E. Fifth Street
 Cincinnati, OH
 45202-4182

TITLE

Gastric band introduction device

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|--|